11/16/2009 17:42 FAX 301 948 3220

DELEON & STANG

4005/005

AMBU7698 11/16/2009 4:55 PM Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung. benefit trust or private foundation)

OMB No. 1545-0047 2008 Open to Plune

Inta	mai Revenue Sen		ang Ledrille	meno.	SOURCE DESCRIPE
Ā	For the 2008 on	alandar yest, of tax year beginning and ending			
B	Check if applicables	Please C Name of organization	ì	D Employ	er identification number
	Address change	Ambulatory Surgery Foundation			NO.7656
च्चि	Name change	print or Doing Business As			0307698
	-		oliudta (E Telepho	
ب	Initial return	500 1012 Cameron Street		<u>703</u>	<u>-836-8808</u>
	Termination	Specific Instruc- City of town, state or country, and ZIP + 4	_	G Gooss receiv	as 3,129,531
\sqcap	Amended return	Hone Alexandria VA 22314			
片		P. along and address of adaptive affirms		H(a) Isthise	group return for
u	Application pending	Rathy Bryant	1	स्मितिक	
		1012 Cameron Street		H(b) Are all (Affiliadas Yes Mo
		Alexandria VA 22314		trina,	ettach a fist. (see Instructions)
	Tex-exempt stat				
-	Wahales -	www.ascassociation.org		H(c) Group	exemption number
- -		nn: 🔀 Corporation Trust Association Other 🕨 L. Year of	formation: 2		M Some of lagar domicite: AZ
	16-35-336-36-41-00-00-00-00-00-00-00-00-00-00-00-00-00	Summary			
147				•	
	40	describe the organization's mission or most significant activities: PROVIDE EDUCATION AND RESEARCH REGARDING HIGH-QUALITY,	COST-E	FECTIV	<u> </u>
8	EME.	ULATORY SURGERY.		,,,,,,,,,,	*****************
Grivila & Governance		OTTO-COLL DESCRIPTION OF THE PROPERTY OF THE P	• • • • • • • • • • • • • • • • • • • •		
a a		this box 🕨 🔲 If the organization discontinued its operations or disposed of more than 25%	of its peset	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ē	2 Check				8
•	5 Number	er of voting members of the governing body (Part VI, line 1a)			8
-	4 Number	er of independent voting members of the governing body (Part VI, Line 1b)		. 5	36
Ž	5 Total nu	umber of employees (Pert V, line 2a)		. 5	130
4	6 Total nu	umber of volunteers (estimate if necessary)	• • • • • • • • • •		100
	7a Total gr	ross unrelated business revenue from Part VIII, line 12, column (C)		· 73	0
	b Netuni		Prior Ye		Current Year
8	9 Caner	writions and grants (Part VIII, line 1h)			
2009	a Control	m service revenue (Part VIII, line 2g)	1.82	0,073	2,764,164
0 8 20	a Program	nent income (Part VIII, column (A), lines 3, 4, and 7d)		3,951	34,214
ee €	10 Investi	(D-1) (III) column (A) Spec E Col Go Co 400 and 440)		8,291	331,153
	11 Other n	Byende (Pert VIII, Column (A), lines 5, our 85, 957 (45, 410) and (A) lines (A)		2,315	3,129,531
DEC	12 1003116	evenue (Part VIII, column (A), lines 2, od, 6c, 9c, Uc, arti (149) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	13 Augum	Bild gilding, guicotiz bard (Lettic cyminit AV mez 1-5)			
SCANNED		ts paid to or for mambers (Part IX, column (A), line 4)	62	6,415	765,259
ANNE	15 Завле	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
急 岩	163 Profess	slonal fundraising fees (Part IX, column (A), Ilno 11e)			
₹ ;	D local II	undraising expenses (Part IX, column (D), line 25)		1,807	2,097,673
¥.	- 17 Conere	expenses (Pert IX, column (A), lines 11a-11d, 11f-24f)		8,222	2,862,932
w,		expenses, Add lines 13-17 (must equal Part IX, column (A), fine 25)		5,907	266.599
-	19 Revenu	ue less expenses, Subtract line 18 from line 12	Beginning		End of Year
٥	E so total o	issets (Part X, line 16)		4,919	3,791,264
35		A Maria Company of the Additional Company of		4,453	1,294,199
740		sets or fund balances, Subtract line 21 from line 20		0,466	2,497,065
5	ZZ Nerress			<u> </u>	
亵		Signature Block	Annate an	d to the best s	/ my knowladne
	1 2	Under peniativa of parjury, I disclare that I have examined this return, including accompanying achedules and att and bollef, it is true, comes, and complain. Designation of preparer (other than officer) is based on all information	n of which pr	eparer has an	y knewledge.
_	I &	D. A. S. T		ı	11/1/1/1
	ign			Date	111119
н	ere	Signature of cofficient of the signature		Date	
	[]				
_		Type or print name and title(. 14	Preparer's Identifying number
_		Preparer's Date	Check self-		(see instructions)
_		eignature V Allen P. DeLeon, CPA 11/16/	09 empk	yed 🕨 느	P00256516
_	reparers	Firm's name (or yours DeLeon & Stang, CPA's		EIN	► 52-1373858
U		(factionployed). D 100 Lakeforest Blvd Ste 650		Phone	6/
_		eddress, and ZIP+4 Gaithersburg, MD 20877-2609		no. 🕨	301-948-9825
N	ay the IRS disc	cuss this return with the preparer shown above? (see instructions)			Yes No
_	AA For Privac	y Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)



AMBU7698 11/16/2009 6 54 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

<u>A</u>	For the 200	8 calendar ye	ar, or tax year beginning , and ending									
В	Check if applica	I nea IPS	C Name of organization	D Emp	loyer identification number							
	Address change	e , label or	Ambulatory Surgery Foundation	96	-0307698							
	Name change	print or type.	Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite		phone number							
닏	Initial return	See	1012 Cameron Street		3-836-8808							
Ц	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4	G Gross re								
Ц	Amended return	n tions .	Alexandria VA 22314									
	Application pen	iung j	and address of principal officer	l ' '	is a group return for							
		F	thy Bryant 12 Cameron Street	H(b) Are	ates? Yes X No							
			exandria VA 22314	inch	o," attach a list (see instructions)							
$\overline{}$	Tax-exempt	1		" "	o, allacii a list (see liistructions)							
<u>」</u>	Website:		scassociation.org	H(c) Gro	up exemption number							
_P	art i	Summar		-								
	1		ne organization's mission or most significant activities									
92	1		DE EDUCATION AND RESEARCH REGARDING HIGH-QUALITY, COST-EN	FECTI	VE							
Activities & Governance	7	MEGHATOR	CI SURGERI.	•								
9	2 Che	ck this box	if the organization discontinued its operations or disposed of more than 25% of its asset	3								
Ğ			members of the governing body (Part VI, line 1a)	_ 3	8							
88	4 Num	nber of indep	endent voting members of the governing body (Part VI, line 1b)	4	8							
ivit	5 Tota	I number of e	employees (Part V, line 2a)	5	36							
Act	I .		volunteers (estimate if necessary)	6	130							
		•	ated business revenue from Part VIII, line 12, column (C)	7a								
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34 Prior Ye	7b	Current Year							
_	8 Conf	tributions and	d grants (Part VIII, line 1h)	<u> </u>	Current rear							
Revenue				0,073	2,769,090							
9,0	1	stment incom	3,951									
~	11 Othe	er revenue (P	· · · · · · · · · · · · · · · · · · ·	8,291								
	1			2,315	3,129,531							
	1		ir amounts paid (Part IX, column (A), lines 1-3)									
	li .		or for members (Part IX, column (A), line 4)	<i>C</i> 41E	765 250							
benses			ompensation, employee benefits (Part IX, column (A), lines 5–10) Iraising fees (Part IX, column (A), line 11e)	6,415	765,259							
ben			expenses (Part IX, column (D), line 25)									
X	1			1,807	2,097,673							
	1		· · · · · · · · · · · · · · · · · · ·	8,222								
		enue less ex	penses Subtract line 18 from line 12 -10	5,907	266,599							
Net Assets or Fund Balances	ac - :	1	Beginning of the state of the s		End of Year							
Asse	20 Tota	il assets (Par	•	4,919								
Net Set	21 Tota	-		<u>4,453</u> 0,466								
-	art II	Signatur		0,400	2,431,003							
			ies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	to the best	of my knowledge							
	ľ	and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has a	ny knowledge							
Sig	gn	—										
He	re	Signatur	e of officer	Dat	е							
		-										
_		l ype or	print name and title		Preparer's identifying number							
Pa	id	Preparer's	Date Check self-	f r	(see instructions)							
	eparer's	signature	Allen P. DeLeon, CPA 11/16/09 employ		P00256516							
Us	e Only	Firm's name		EIN	▶ 52-1373858							
		if self-employ address, and		Phone	201 242 2025							
May	the IRS di		turn with the preparer shown above? (see instructions)	no	Yes No							
			Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2008)							

	Ambulatory Sur			86-030769	<u> </u>		Page 2
	Statement of Program		nisnments (see ins	tructions)	 		
TO PROV	ribe the organization's mission IDE EDUCATION ORY SURGERY.		CH REGARDING	HIGH-QUAL	TY, COST-EF	FECTIVE	
•• •			• • • • • • •			•••	• •
•			· · · ·		•		
-	anızation undertake any signi rm 990 or 990-EZ?	ficant program service	es during the year which	were not listed on			X No
If "Yes," des	scribe these new services on					res	MO NO
3 Did the organization services?	anization cease conducting, o	r make significant ch	anges in how it conducts	, any program		□ vaa	X No
	scribe these changes on Sch	edule O.			•	Tes	EV MO
	e exempt purpose achieveme I(c)(3) and 501(c)(4) organiza		-				
	to others, the total expenses,			· ·	•		
4a (Code:		2,412,887) (Revenue \$		
	ORY SURGERY FO NITIES FOR AMB				JALS.		•
POLICY	MAKERS AND THE	PUBLIC THI	ROUGH ANNUAL		,		
	S, SEMINARS AND	•	•		v		
	H ON A VARIETY CENTERS. THE				(I		
	ES TO PROVIDE				ATION	• •	
AND THE	DEVELOPMENT O	F QUALITY 1	MEASURES.				
						•	
				•			
				· ·			
4b (Code) (Expenses \$		including grants of \$	••	,) (Revenue \$)
		• •					•
				•			
•				•			
,	•	•					
,							
4c (Code) (Expenses \$		including grants of \$) (Revenue \$		
,					, ,		·
		•					
4d Other progr	am services (Describe in Sci	nedule O)					
15	\$	including grants of	¢			١	
(Expenses		\$ 2,412,) (Revenue \$ rt IX, Line 25, column			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		١,,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	١., ١		•
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		X
,	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	5		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6	·	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X_
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	_11_	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U S.? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			7.7
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17 18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		X
20	Did the organization report flore train \$13,000 on Part VIII, line 9a.7 in Yes, complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
21	Did the organization operate one of more hospitals? If "res," complete Schedule I, Parts I and II	20 21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		_ <u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>

_P	art IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	(""		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b	X	
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	_ 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	_ 34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	X_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	}	 	
	VI	37		х

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			["]	-	
	U.S. Information Returns Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable				1
	gaming (gambling) winnings to prize winners?			_ 1c_	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by				
	this retum?			_3a_	<u></u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority	,			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial		- 1	\	ł
	account)?			4a_	<u></u>	X
b	If "Yes," enter the name of the foreign country:				l	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank			ł	
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	•	5b_	<u> </u>	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				}	1
	Regarding Prohibited Tax Shelter Transaction?			5c		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?			6a	L	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or			ł	
	gifts were not tax deductible?			6b	ļ	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more t	han		Į		
	\$75?			7a_	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			_7b_	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	;				
	required to file Form 8282?			7c_	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				1
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	rsonal				
	benefit contract?			7e_	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7 f	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				3.
	required?			7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sections are sections.					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spons	oring		1 _		v
_	organization, have excess business holdings at any time during the year?			8	-	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				ŀ	v
a	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		-
10	Section 501(c)(7) organizations. Enter	ا ءمه ا	İ			1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11	Section 501(c)(12) organizations. Enter	المها	1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against],,[
40-	amounts due or received from them) Section 4047(a)(4) non-exempt charitable trusts, is the organization filing Form 900 to liquid Form 1	11b	L	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041? 12b		12a		
p_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> 1∠D</u>			1	<u> </u>

Form 990 (2008) Ambulatory Surgery Foundation 86-0307698

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) a If Yes, "has the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15a X Upon request Upon request Upon request Upon request	<u>Sec</u>	tion A. Governing Body and Management				
circlemstancis, processes, or changes in Schedule O. See instructions. In Enter the number of viving members of the governing body Estite the number of viving members of the governing body Did any officer, director, fustes, or key employee have a family relationship or a business relationship with any officer, director, fustes, or key employee to a management during the direct supervision of officers, directors or suitases, or key employees to a management during by or under the direct supervision of officers, directors or suitases, or key employees to a management company or other person? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members or stockholders? Does the organization have members of the proving the persons who may elect one or more members or the governing body? The governing body? But were the following the believing the persons the proving the persons of the governing body? But were the organization have believe the persons and proceedings of the persons the persons? Does the organization have local chapters, branches, or affiliates? Does the organization have local chapters, branches, or affiliates? Does the organization have local chapters, branches, or affiliates? Does the organization have written peritors and proceedings governing the activates of such chapters, affiliates, and bundhes to neure their operations are consistent with those of the organizations must decorbe in Schodule O the organizations of the organizations and proceedings of the form \$10 persons the organization an					Yes	No
16 Enter the number of violing members of the governing body 17 Enter the number of violing members that are inclependent 18 Enter the number of violing members that are inclependent 19 Enter the number of violing members that are inclependent 19 Enter the number of violing members that are inclependent 20 Did the organization, function, rustee, or key employees to a management company or other person? 31 Experience of the organization delegate control over management dulies outsimanily partormed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 32 Did the organization new enter of the organization of the organization of the organization on the enter of the organization of the organization have members or sighthodiseds? 32 Does the organization have members or sighthodiseds? 33 Does the organization have members or sighthodiseds? 34 Does the organization have members or sighthodiseds? 35 Did the organization have members or sighthodiseds? 36 Does the organization have members or sighthodiseds? 37 Does the organization have members or sighthodiseds? 38 Did the organization have members or sighthodiseds? 39 Did the organization on the governing body subject to approval by members, stockholders, or other persons? 40 Did the organization contemporaneously document the meetings held or written schors undertaken during the following are the power of the power of the proving the advises of such chapters. 40 Did the organization have been been depleted the power of the		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the				
b Either the number of volong members that are independent 2 Did any officer, director, trustee, or key employee? 3 Did the originazion delegate control over management duties customarily performed by or under the direct 3 Up the originazion delegate control over management duties customarily performed by or under the direct 3 Up the originazion originate or trustee, or key employees to a management company or other person? 4 Did the originazion become aware during the year polyees to a management company or other person? 5 Did the originazion become aware during the year of a malerial diversion of the originazion seases; 5 S. X. 5 Does the originazion become embers, stockholders? 7 Does the originazion become embers, stockholders, or other persons who may elect one or more members 7 of the governing body? 7 Does the originazion become embers, stockholders, or other persons who may elect one or more members 8 Obtained the governing body? 8 Does the originazion become embers, stockholders, or other persons? 9 Does the originazion to have members, stockholders, or other persons? 9 Does the originazion to expense embers, stockholders, or other persons? 9 Does the originazion to expense embers, stockholders, or other persons? 9 Does the originazion to expense embers, stockholders, or other persons? 9 Does the originazion to expense embers, stockholders, or other persons? 9 Does the originazion to expense embers, stockholders, or other persons? 9 Does the originazion that the policy? 9 Does the originazion that the policy? 9 Does the originazion that the policy or other persons that the policy or other persons? 9 Does the originazion that the policy or other persons that the policy or other persons? 9 Does the originazion have written policities and procedures governing body before it was flied? All originizations 9 Does the originazion have a written conflict of interest policy? If 'No. go to line 13 1 Step any officer, director or frustee, or key employees is educated in the originization? 1 Does the originization				1		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 X Did the organization become aware during the year of a material diversion of the organizations sasets? 5 Did the organization have members a stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members or 1 the governing body? 7 Tax	1a			1		
any other officer, director, fususte, or key employee? supervision of officers, directors or hustess, or key employees to a management company or other person? supervision of officers, directors or hustess, or key employees to a management company or other person? Dot the organization headers aware during the year of a malarial diversion of the organization has a management of the organizations assessed? Does the organization have members or stockholders? Does the organization have members or stockholders? Does the organization have members or stockholders? Poses the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the year by the following the year by the following a Troe governing body? Bab committee with authority to act on behalf of the governing body? Bab committee with authority to act on behalf of the governing body? Bab committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates? If Yes 1 (Yes 2) (Yes 3) (Yes 4) (Y	b	Enter the number of voting members that are independent		1		
the voganization delegate control over management dulles customarily performed by or under the direct supervision of officers, directors or husbes, or key employees to a management observably or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Let be organization become aware during the year of a material diversion of the organizations seeds? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Possible organization have members, stockholders, or other persons who may elect one or more members of the governing body? Possible organization on the governing body subject to approval by members, stockholders, or other persons? The governing body? Possible organization on the governing body subject to approval by members, stockholders, or other persons? The governing body? But the organization have because the meetings held or written actions undertaken during the var by the following The governing body? But the governing body before the was filed? All organizations with the governing body before the was filed? All organizations with the governing body before the was filed? All organizations with the governing body before the was filed? All organizations with the governing body before the was filed? All organizations with the governing body before the was filed? All	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	İ	Ī		
supervision of officers, directors or frustees, or key employees to a management company or other person? 4 X X Did the organization become aware during the year of a meterial diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decasions of the governing body subject to approval by members, stockholders, or other persons? 7 TA X X Descending the following a Test of the governing body? 8 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 9 Does the organization have valued to the governing body? 9 Does the organization have valued to the governing body? 9 Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must descend in Schodulo O the process, if any, the organization was the organization's governing body before it was filed? All organizations must descend in Schodulo O the process, if any, the organization uses to review the Form 990 10 X Section B. Policies 11 Is there any officer, director or frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schodulo O the process, if any, the organization was the vice organization and part vice organization and enforce compliance with the policy? If "Yes," describe in Schodulo O the process, and they employees required to disclose annually interests that could give as to conflict? 10 Does the organization have a written whistleblower policy? 11 Does the organiz		any other officer, director, trustee, or key employee?	. L	2	X	
4 Dut the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Dut the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Dut the organization have members or stockholders? 9 Dut the organization charve members or stockholders, or other persons who may elect one or more members of the governing body? 1 Tax	3	Did the organization delegate control over management duties customarily performed by or under the direct	1	- 1		
5 Die the organization become aware during the year of a material diversion of the organization's assets? 5 Dees the organization have members of stockholders? 70 Dees the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 71 A X 72 A X 73 Dees the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Dut the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 B X 9 Dees the organization have local chapters, branches, or affiliates? 9 Dees the organization have local chapters, branches, or affiliates? 9 Dees the organization have interior persons are consistent with those of the organization? 9 Dees the organization have interior persons are consistent with those of the organization? 9 Dees the organization have interior persons are consistent with those of the organization? 9 Dees the organization thave interior persons are consistent with those of the organization? 9 Dees the organization of the organization by electric through the form 900 provided to the organizations governing body before it was filed? All organizations must describe in Schadule O the process, if any, the organization uses to review the Form 990 to X 10 Dees the organization in Agriculture of the process of any, the organization was the form 990 to X 11 Is there any officer, directors or trustee, or key employee islead in Part VII, Section A, who cannot be reached at the organization in Agriculture or trustee, or key employee islead in Part VII, Section A, who cannot be reached at the organization have a written conflict of interest policy? If "No." go to line 13 12 Dees the organization have a written conflict of interest policy? If "No." go to line 13 12 Dees the organization have a written document retention and destruction policy? 12 Dees the organization have a written doc		supervision of officers, directors or trustees, or key employees to a management company or other person?	L	3		_X_
Does the organization have members or stockholders,? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? A X X A x any decisions of the governing body subject to approval by members, stockholders, or other persons? Do the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? Bab X Does the organization have well the policies and procedures governing the activities of such chapters, affiliates, or affiliates? If Yes, You of the Form 1990 provided to the organization or governing body elevate the organization? Bus a copy of the Form 1990 provided to the organization with those of the organization? Bus a copy of the Form 1990 provided to the organization uses to review the Form 1990 It is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is making address? If Yes, "provide the names and addresses in Schedule O Section B. Policies Does the organization have a written conflict of interest policy? If No." go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give in the organization have a written conflict of interest policy? If No." go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give in the conflict of interest policy? If No." go to line 13 Does the organization have a written doment retention and enforce compliance with the policy? If Yes," describe in Schedule O how this is done Does the organization have a written doment retention and destruction policy? Does the organization have a written doment retention and destruction policy? Does the organization have a written doment retention and destruction policy? Does the organization have a written fourner th	4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	L	4		
To Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X Are any decisions of the governing body? 8 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the year by the organization have written distributions governing body? 8	5	Did the organization become aware during the year of a material diversion of the organization's assets?	L	5	_X_	
of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Pot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? Bab X Description of the governing body? Bab X	6	Does the organization have members or stockholders?	L	6		<u> </u>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 B X 8 Death committee with subtority to act on behalf of the governing body? 8 Death committee with subtority to act on behalf of the governing body? 8 Does the organization have local chapters, branches, or affiliates? 9 Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 12 Does the organization have a written conflict of interest policy? If "No." go to line 13 12 Does the organization have a written conflict of interest policy? If "No." go to line 13 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 13 X 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 15 Did the organization have a written whistleblower policy? 16 Does the organization have a written whistleblower policy or procedure requiring the organization to evaluate its participation i	7a	Does the organization have members, stockholders, or other persons who may elect one or more members		l		
But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Bath committee with authority to act on behalf of the governing body? Bath committee with authority to act on behalf of the governing body? Bath committee with authority to act on behalf of the governing body? Bath committee with authority to act on behalf of the governing body? Bath committee with authority to act on behalf of the governing body? Bath committee with authority to act on behalf of the governing body governing body before it was filted? All organizations affiliates, and branches to ensure their operations are consistent with those of the organizations affiliates, and branches to ensure their operations are consistent with those of the organizations affiliates, and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10		of the governing body?	L	7a_	_	_X_
the year by the following a The governing body? Each committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing the activities of such chapters. If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization? Beach committee with authority to act on behalf of the organization was to review the form 990 If was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the form 990 If was a copy of the Form 990 provided to the organization was to review the form 990 If was a copy of the Form 990 provided to the organization was to review the form 990 If was a copy of the Form 990 provided to the organization of any the organization of the organization of the organization of the organization of the organization and address? If "Yes," provide the names and addresses in Schedule O If was the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or inustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization have a written document retention and destruction policy? If "Yes," describe in Schedule O how this is done Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? The organization's CEO. Executive Director, or top management official? Descr	b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. L	7b	X	
a The governing body? b Each committee with authority to act on behalf of the governing body? a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9	8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1		
b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 9b If 'Yes' Goes the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was flield? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 11 X Section B. Policies 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nie to conflicts? 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nie to organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c X 12b Does the organization have a written whistleblower policy? 13 Dees the organization have a written whistleblower policy? 14 X 15 Dot the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 15c Does the organization's CEO, Executive Director, or lop management official? 15c Differers or key employees of the organization? 15d Differers or key employees of the organization? 15d Differers or key employees of the organization? 15d Differers or key employees of the organization with a policy of procedure requiring the organization to evaluate its participation in joint ve		the year by the following		-		
9a	а	The governing body?	. L	8a	X	
b if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10	b	Each committee with authority to act on behalf of the governing body?		8 b	X	
affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 in the organization is must describe in Schedule O the process, if any, the organization is the organization is mailing address? If "Yes," provide the names and addresses in Schedule O 11 X Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No." go to line 13 Are officers, directors or frustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 15a X 15b X Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or smillar arrangement with a taxable entity during the year? 16b X Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section flot4 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection indicate how you make these available Check all that apply. 10 Describe in Schedule O Whether (and if so, how), the o	9a	Does the organization have local chapters, branches, or affiliates?	·	9a_		X
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 12 Does the organization have a written conflict of interest policy? If "No." go to line 13 12 A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 15 Describe the process in Schedule O. (see instructions) 16 Other officers or key employees of the organization? 17 Describe the process in Schedule O. (see instructions) 18 Did the organization and the same of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 18 Describe the process in Schedule O. (see instructions) 19 Describe the process in Schedule O. (see instructions) 10 Describe the process in Schedule O. (see instructions) 11 Substantial of the deliberation and decision 12 Describe the process in Schedule O. (see instructions) 13 Describe the process in Schedule O. (see instructions) 14	b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization flag address? If "Yes," provide the names and addresses in Schedule O Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nes to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b X 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 15 The organization's Ecc, Executive Director, or for management official? 16 Other officers or key employees of the organization? 16 Did the organization in west in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Diff the organization in point venture arrangements under applicable federal tax law, and taken steps to safeguard the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements available for public inspection indicate how you make these available Check all that apply. 16 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 17 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012		affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 12	10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations				
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nies to conflicts? 12b Obes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision are the organization's CEO, Executive Director, or top management official? 15b Other officers or key employees of the organization? 15c Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 17 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in point venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in point venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in point venture arrangements under applicable federal tax law, and taken step		must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		X
Section B. Policies Yes No.	11	·				
Yes No No No No No No No N		the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11_		X
12a X	Sec	tion B. Policies				
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in year the respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed None Section G.Disclosure 16 None Section G.Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section G.Disclosure 18 Section G.Disclosure 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHY BRYANT 1012 Cameron Street			_		Yes	No
rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 15a X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply. □ Own website □ Another's website ▼ Upon request 15 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ★ KATHY BRYANT 1012 Cameron Street	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Ŀ	12a	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHY BRYANT 1012 Cameron Street	b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written whistleblower policy? 13		rise to conflicts?	Ŀ	12b		_X
13	C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		Ì		
14		describe in Schedule O how this is done	Ŀ	12c		
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? Dither officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply. Own website Another's website W Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHY BRYANT 1012 Cameron Street	13	Does the organization have a written whistleblower policy?		13		
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? Dother officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ★ KATHY BRYANT 1012 Cameron Street	14	Does the organization have a written document retention and destruction policy?		14		X
a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15b X 16a X 16a X 16b X 16a X 16b X 16a	15	Did the process for determining compensation of the following persons include a review and approval by				
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012 Cameron Street	а	The organization's CEO, Executive Director, or top management official?	Ŀ	15a	X	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012 Cameron Street	b	Other officers or key employees of the organization?	F	15b		X
with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012 Cameron Street		Describe the process in Schedule O. (see instructions)	Γ			
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012 Cameron Street	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012 Cameron Street		with a taxable entity during the year?].	16a		X
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012 Cameron Street	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012 Cameron Street		its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	- 1			
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KATHY BRYANT 1012 Cameron Street		the organization's exempt status with respect to such arrangements?		16b		
 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Will Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHY BRYANT 1012 Cameron Street 	Sec					
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website. Another's website. Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KATHY BRYANT 1012 Cameron Street	17					
available for public inspection. Indicate how you make these available. Check all that apply. Own website. Another's website. Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KATHY BRYANT 1012 Cameron Street	18					
Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KATHY BRYANT 1012 Cameron Street						
 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KATHY BRYANT 1012 Cameron Street 						
policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KATHY BRYANT 1012 Cameron Street	19					
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KATHY BRYANT 1012 Cameron Street						
organization: ▶ KATHY BRYANT 1012 Cameron Street	20					
	A.		703-	83	6-8	808

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the o	rganization did not comper	sate	any	offic	er, c	direct	or, t	rustee, or key employee.	r	
(A)	(B)	Boss	(C) Position (check all that appl				nh/\	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per week		,	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KATHY BRYANT										
PRESIDENT	33	X			X			108,734	0	0
DICK HANLEY										
DIRECTOR	2	X						0	0	0
JOVANNA R. I	EE, CASC									
V.CHAIR	2	X		X	<u>L</u> _			0	0	0
	NCHCOMB, CASC									
SEC/TREASURE	3	X		X	L			0	0	0
	S-FITZGERALD,		AS		ļ					
EX-OFFCIO		X		X		\perp		0	0	0
DAVID SHAPIR	O,CASC									_
CHAIR	1	X			<u> </u>			0	0	
ANN GEIER, CA									_	
DIRECTOR	11	X	L		<u> </u>			0	0	0
SARAH MARTIN	1			ļ						
DIRECTOR	1	X			<u> </u>			0	0	0
MARGARET ORM	1				}					
DIRECTOR	1	X	<u> </u>	<u> </u>		\vdash		0	0	0
ARNALDO VALE	1		İ							•
DIRECTOR	1	X				\vdash		0	0	0
		_								
				_						<u> </u>
		ļ								
						\vdash				

Form **990** (2008)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
	A)	(B)		Posi	ion (C)	nat ap	nh/\	(D)	(E)	i	(F)		
Name	and title	Average hours per		_					_	Reportable compensation	Reportable		Estima		
		week		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	compensation from related		amoun		
				ect Sidua	두	٩	agg (oye est	[4	the	organizations	C	ompens		
	•			9 =	nal		Ş	PS		organization	(W-2/1099-MISC)		from t		
•				Ste	เกร	l	🎳	Pen	ļ	(W-2/1099-MISC)		l '	organiza		
				"	lee			sa				١,	and reli organiza		
								ä				<u> </u>			
·			_									_			
•								1							
														_	
- •							1								
	•					ļ	l								
	·			 		1	┢			 			-	_	
•						İ									
				 	_	 		_		 		 			
•	•			Ì '		1	1	Ì							
				├	_	 -	├─	_	⊢	 		 			
				 	_				-	 		 			
•	•							ļ							
	 .	 		-				<u> </u>		 		 			
		1					ĺ	l							
		ļ		<u> </u>		_	ļ		_			-			
		Ì					1	1]			1			
		L						L.		<u> </u>		ļ			
												ļ			
				L_		<u> </u>	L.		<u> </u>			<u> </u>			
1b Total									<u> </u>	108,734					
2 Total n	umber of ındı	viduals (including the	se in '	1a) v	/ho r	ecei	ved	more	tha	an \$100,000 in reportable co	ompensation from the				
organiz	zation ▶ 1														
														Yes	No
3 Did the	organization	list any former office	r, dire	ctor	or tr	uste	e, ke	y em	ploy	yee, or highest compensate	d				
		? If "Yes," complete S								-			3		<u> </u>
										n and other compensation fi		İ			
		frelated organizations	s grea	iter t	nan :	\$150	,000)? 11 .	Yes	s," complete Schedule J for	such		4	1	х
ındıvidi 5 Did anı		d on line 1a receive o	raccr	TIE C	omn	enca	tion	from	anı	y unrelated organization for			-		
		the organization? If "											5		x
	Independent														
			omne	nsat	ed in	nden	ende	ent co	ontra	actors that received more th	an \$100 000 of				
compe	nsation from	the organization		· · · · · ·		- acp	-		J. 1.0 C	actors that received more t					
		(A) Name and business addre								Doscur	(B) tion of services		<u></u>	(C) mpensal	hon
CAT. En:	tertainm					-	116	93	Sa	n Vincente Blvd.				препов	uon-
	ngeles	enc	CA	. 9	nη			,,,		Ent speaker sv				101	500
<u> 103 M</u>	ngeres		<u></u>	<u>. </u>	<u> </u>	1			-	and speaker sv				101	,500
									1						
									⊢		· -				
]						
									├-				<u> </u>		
									1						
									<u></u>				<u> </u>		
		-	(ınclu	ding	thos	e in	1) w	no re	cei	ved more than \$100,000 in					
compe	nsation from t	the organization 🕨 👚											1		

Pe	irt V	III Statement of Revenue					Page 9
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
σ σ	10	Federated campaigns 1a			revenue	Tevenue	512, 513, or 514
ant	h	Federated campaigns 'Membership dues 1b	 [
ge ge		Fundraising events 1c	 [1		
jifts ar a	4	Related organizations 1d					
s, miji		Government grants (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants,					
the st		and similar amounts not included above			1		
nd o	g	Noncash contributions included in lines 1a-1f \$					
Co	h	Total. Add lines 1a–1f	▶		1		
ue		-	Busn. Code			······································	
ven	2a	ANNUAL MEETING		2,386,624	2,386,624		
Re	b	SEMINARS		244,908	244,908		
Zić.	С	PUBLICATION SALES		132,632	132,632		
Program Service Revenue	d	ASC QUALITY COLLABORATION		4,926	4,926		
ram	0						
rog		All other program service revenue				***************************************	
-		Total. Add lines 2a–2f		2,769,090			
	3	Investment income (including dividends, intere	est, and				
	4	other similar amounts)	💆	34,214			34,214
	4 5	Income from investment of tax-exempt bond por Royalties	roceeds	-			
	5		Personal				
Ì	6a	Gross Rents	ersoriai				
	b	Less rental exps					
	c	Rental inc or (loss)			1		
1	d	Net rental income or (loss)	•	;	1		
	7a	Gross amount from (i) Securities (ii)) Other				
		sales of assets other than inventory			1		
	b	Less cost or other					
i		basis & sales exps					
	C	Gain or (loss)					
		Net gain or (loss)	•				
İ	8a	Gross income from fundraising events					
une		(not including \$			ļ.		
Ve		of contributions reported on line 1c)	•		į		
ă,		See Part IV, line 18 a					
Other Revenue		Less direct expenses b		[
٥		Net income or (loss) from fundraising events	P				
ĺ	эa	Gross income from gaming activities. See Part IV, line 19 a					
	h	Less direct expenses b					
		Net income or (loss) from gaming activities	•				<u> </u>
i		Gross sales of inventory, less					
		returns and allowances a		1	1		
ł	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory	•		ĺ		1
		Miscellaneous Revenue	Busn. Code				
Γ	11a	Management Services Income		326,227	326,227		1
	b	·					
	C						
1	d	All other revenue .					
		Total. Add lines 11a-11d	> _	326,227			
- 1		Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d	d, 8c,				
	_	9c, 10c, and 11e	<u> </u>	3,129,531	3,095,317	0	34,214
							F 000 (2000)

Part iX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
D	o not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	_ (D)						
7t	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and			gonora: expanses	expenses						
	organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in										
_	the U.S. See Part IV, line 22	f I									
•	•• •• •				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3	Grants and other assistance to governments,	1									
	organizations, and individuals outside the										
	U.S. See Part IV, lines 15 and 16				····						
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	1	Ì								
	trustees, and key employees	108,838	96,691	12,147							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and]									
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	467,853	328,478	139,375							
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)	57,669	42,514	15,155							
9	Other employee benefits	89,329	65,094	24,235							
10	Payroll taxes	41,570	30,097	11,473							
11	Fees for services (non-employees)										
	Management	31,446		31,446							
b	Legal	15,173		15,173							
~	Accounting	11,700									
ں ۔	•	11,700		11,700							
a	Lobbying	<u> </u>									
e	Professional fundraising services See Part IV, line 17	<u> </u>									
Ŧ	Investment management fees				<u> </u>						
g	Other	245,977	214,590	31,387							
12	Advertising and promotion										
13	Office expenses	53,889	43,201	10,688							
14	Information technology										
15	Royalties										
16	Occupancy	30,811	22,663	8,148							
17	Travel .	105,908	84,342	21,566							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	1,380,725	1,380,401	324							
20	Interest	1									
21	Payments to affiliates	-			· · · · · · · · · · · · · · · · · · ·						
22	Depreciation, depletion, and amortization	39,160	+	39,160							
23	Insurance	11,239	+	11,239							
		,209		11,239							
24	Other expenses Itemize expenses not										
~ 4	·										
	covered above (Expenses grouped together										
	and labeled miscellaneous may not exceed										
	5% of total expenses shown on line 25 below.)	50 406									
а	All other expenses	78,406	68,009	10,397							
b	Credit card fees	54,880		54,880							
С	Dues and publication	38,359	36,807	1,552							
đ											
е											
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	2,862,932	2,412,887	450,045							
	Joint Costs. Check here Inf following										
	SOP 98-2. Complete this line only if the										
	organization reported in column (B) joint costs from a combined educational campaign and										
	fundraising solicitation										
DAA					- 000						

P	art)	Balance Sheet		•	
	<u>,</u>		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	49,582	1	272,229
	2	Savings and temporary cash investments	2		
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,350	4	60,099
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	```		
	1	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		_ 6	
žš	7	Notes and loans receivable, net	102,548	. 7	153,405
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	81,614	9	113,405
	10a	Land, buildings, and equipment: cost basis 10a 341,714			
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D 210 , 158	142,021	10c	131,556
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	0.004.004	14	
	15	Other assets. See Part IV, line 11	2,924,804	15	3,060,570
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	3,304,919	16	3,791,264
i	18	Accounts payable and accrued expenses Grants payable	182,568	17	317,655
	19	Deferred revenue	785,825	18	011 751
	20	Tax-exempt bond liabilities	765,625	_19_	811,751
es	21	Escrow account liability Complete Part IV of Schedule D	· .	20	
Liabilities	22	Payables to current and former officers, directors, trustees, key		21	
ăbi		employees, highest compensated employees, and disqualified			
Li		persons Complete Part II of Schedule L	İ	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	106,060	25	164,793
	26	Total liabilities. Add lines 17 through 25	1,074,453	26	1,294,199
es		Organizations that follow SFAS 117, check here ▶ X and			
잍		complete lines 27 through 29, and lines 33 and 34.			
ala	27	Unrestricted net assets	2,230,466	27	2,497,065
<u>m</u>		Temporarily restricted net assets		28	
Ĕ	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶			
ō	20	and complete lines 30 through 34.		_	
ets		Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
₹	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	2 220 466	32	2 407 065
٩	34	Total liabilities and net assets/fund balances	2,230,466 3,304,919	33	2,497,065 3,791,264
	art X		3,304,919	34	3,791,264
					Yes No
1	Acc	ounting method used to prepare the Form 990. Cash X Accrual Oth	er		163 100
2a		re the organization's financial statements compiled or reviewed by an independent accountar			2a X
b		re the organization's financial statements audited by an independent accountant?			2b X
С	If "Y	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility for			
	the	audit, review, or compilation of its financial statements and selection of an independent according	ountant?		2c X
3a		a result of a federal award, was the organization required to undergo an audit or audits as set	t forth in		
_		Single Audit Act and OMB Circular A-133?			3a X
b		es," did the organization undergo the required audit or audits?			3b

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Ambulatory Surgery Foundation

Employer Identification number 86-0307698

Schedule A (Form 990 or 990-EZ) 2008

P	art I	Reas	on for Publ	ic Charity	Status (All orga	nizations	must c	complet	e this	part.) (see ir	nstruc	tions)		
Гhе	orga				e it is: (Please chec				_						
1					ociation of churches	-	_)(A)(i).						
2	П				A)(ii). (Attach Sched										
3	П				ce organization desc	•	tion 170	Ь) (1)(А)(і	ii). (Atta	ch Sche	dule H.	1			
4	П				d in conjunction with								snital's name		
	_	city, and stat			, ,	ор				(-)()(. , . =	0.0.1.0.	spital 5 Hairie,		
5		•		r the benefit (of a college or univer	rsity owned	or operate	ed by a no	 Wemme	ntal unit	describ	ad in	•		
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)														
6	П				overnmental unit de:	scribad in ea	action 17	0/6\/4\/6\	/ ₄ / ₄						
7	Н				substantial part of its					om the	nonoral	public			
•	ш				omplete Part II.)	Supportino	iii a gove	minental	uriik Or II	OIII uie	yenerar	public			
8					70(b)(1)(A)(vi). (Cor	nnlete Part I	11.5								
9	X				1) more than 33 1/3 ^c			contribute	one mor	nhorchu	s food				
•					npt functions—subject								55		
					nd unrelated busines										
					0, 1975. See section					i iioiii bt	191116994	55			
10	\Box				exclusively to test for					eno incl	ruction	-1			
11	Н				exclusively for the be							>)			
•	ш				ed organizations des							ection			
					he type of supporting										
		a Type	_	Type II		II-Function		•	д с	$\overline{}$	e III–Ot	hor			
e	П		<u></u>	_ -·	anization is not contr		-		e or mo			,101			
	_				and other than one							section			
			section 509(a)(2				,								
f		,	. , ,	•	rmination from the If	RS that it is	a Type I.	Type II, or	Type III	suppor	tina				
			check this box				,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,						
g		Since Augus	t 17, 2006, has	the organizat	tion accepted any git	t or contribu	ution from	any of the	9				•		
_		following per		·	, ,			•							
		(i) A persor	n who directly o	r indirectly co	ntrols, either alone o	or together v	with perso	ns descrit	oed in (ii)				Yes	No
					f the supported orga				•	,			11g(i)	1	1
					ed in (i) above?								11g(ii)		
		(iii) A 35% c	controlled entity	of a person d	lescribed in (i) or (ii)	above?						•	11g(iii	1	
h		Provide the	following inform	ation about th	he organizations the	organizatio	n support	s					(s/		
(i)	Name	of supported	(ii) E		(iii) Type of orga		Т	organization	[(v) Did)	ou notify	(vi)	ls the	(vii) Am	ount of	
(-7		anization	(, -		(described on lir			sted in your		rization in	organizal		sup		
					above or IRC s		governing	document?	''	of your		zed in the			
					(see instructi	ons))	Yes	No	Yes	No No	Yes	S? No			
							162	100	res	NO	Tes	NO			
											ŀ				
							 								
_														,	

otal			1				1		-						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	dule A (Form 990 or 990-EZ) 2008 Amb					-0307698	Page 2
Pa	式引 Support Schedule for Or				(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)			
	tion A. Public Support		······				······
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-			
3	The value of services or facilities furnished by a governmental unit to the organization without charge .		:				
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,					
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4					L	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		-				
11	Total support. Add lines 7 through 10	<u></u>				I	
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	_
	organization, check this box and stop here			<u>.</u>	<u> · .</u>		▶
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2008 (line 6	, column (f) divided	by line 11, columi	n (f))		14	%
15	Public support percentage from 2007 Sche	edule A, Part IV-A,	line 26f			_15	%
16a	33 1/3 % support test—2008. If the organi	zation did not ched	k the box on line 1	13, and line 14 is 3	3 1/3 % or more, o	check this box	
	and stop here. The organization qualifies	as a publicly suppo	rted organization				▶ ∐
b	33 1/3 % support test-2007. If the organi	zation did not ched	k a box on line 13	or 16a, and line 19	5 is 33 1/3 % or m	ore, check this	_
	box and stop here. The organization quali	fies as a publicly s	upported organizat	ion			▶ ∐
17a	10%-facts-and-circumstances test—2008	3. If the organizatio	n did not check a t	oox on line 13, 16a	, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumstar	nces" test, check th	nis box and stop h	ere. Explain in Pai	t IV how the	
	organization meets the "facts-and-circums	tances" test. The o	rganızation qualıfie	es as a publicly sup	ported organization	on .	▶ ∐
b	10%-facts-and-circumstances test—2007	7. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumstar	nces" test, check th	ns box and stop h	ere. Explain in Pai	t IV how the	_
	organization meets the "facts-and-circums	tances" test. The o	rganızatıon qualıfie	es as a publicly sup	oported organizati	on .	▶⊢
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, chec	ck this box and see	e instructions	

Schedule A (Form 990 or 990-EZ) 2008

Part 111 Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only in	you checked the	box on line	9 of Part I.)
Section A Public Support			

	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			774,304	1,820,073	2,764,164	5,358,541
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			245,386	408,291	331,153	984,830
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1-5			1,019,690	2,228,364	3,095,317	6,343,371
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for						
_	the year or \$5,000 Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·	234,878	385,868	299,857	920,603
с 8	Public support (Subtract line 7c from		 	234,878	385,868	299,857	920,603
0	line 6.)			784,812	1,842,496	2,795,460	E 400 760
Sec	tion B. Total Support	L	£	E	t.	<u>-</u>	5,422,768
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	1.6		1,019,690	2,228,364	3,095,317	6,343,371
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			31,132	13,951	34,303	79,386
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			31,132	13,951	34,303	79,386
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)		-	1,050,822	2,242,315	3,129,620	6,422,757
14	First five years. If the Form 990 is for the o		second, third, four	th, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here		<u>.</u>		<u> </u>		
Sec	tion C. Computation of Public Su	pport Percent	age		<u> </u>		
15	Public support percentage for 2008 (line 8,	, column (f) divided	I by line 13, columr	n (f))		15	84.4305 %
16	Public support percentage from 2007 Sche					16	91.9502 %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin			column (f))		17	1.2360 %
18	Investment income percentage from 2007					18	7.6550 %
19a	33 1/3 % support tests—2008. If the organ						. ==
	17 is not more than 33 1/3 %, check this bo			•	•		► X
Ъ	33 1/3 % support tests—2007. If the organ						. \sqcap
0.5	line 18 is not more than 33 1/3 %, check th		-				₹ H
20	Private foundation. If the organization did	not check a box of	<u>n iine</u> 14, 19a or 19	ib, check this box an	ia see instructions		▶ ∐

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part III, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	Schedule A (F	orm 990 or 990-EZ) 2008	Ambulato	ory Surgery	Foundation	86-0307698	Page 4
		Supplemental Info	ormation. Com	plete this part to	provide the explan	ation required by Part II, line 10	•
				• •••	,		٠
							••
		•••		• • •			
	•						
		••	•				
•							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization

Employer identification number

1 01111	or the organization	İ	Linploye	i location no					
A	mbulatory Surgery Foundation		86-0307698						
	Organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990,				f				
		(a) Donor advised funds	(b)	Funds and other ac	ccounts				
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year			_ _					
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised							
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes	∐ No				
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds may be							
	used only for charitable purposes and not for the benefit of the donor of	or donor advisor or other							
	impermissible private benefit?			Yes	No_				
	Conservation Easements. Complete if the org		n 990, F	Part IV, line 7	•				
1	Purpose(s) of conservation easements held by the organization (check		-						
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp		nd area					
	Protection of natural habitat	Preservation of certified historic st	tructure						
	Preservation of open space	and the second s							
2	Complete lines 2a–2d if the organization held a qualified conservation on the last day of the tay year	contribution in the form of a conservation ea	asement						
	on the last day of the tax year.		F						
	Total number of concentration accounts		-	Held at the End	u of the Year				
a	Total number of conservation easements		2a 2b	 					
b	•	duded in (a)	2b	 					
q	Number of conservation easements on a certified historic structure inc Number of conservation easements included in (c) acquired after 8/17.	·	2c 2d	 					
d 3	Number of conservation easements included in (c) acquired after 8/17. Number of conservation easements modified, transferred, released, ex	• •		1					
3	the taxable year	galonou, or terminated by the organization	uumiy						
4	Number of states where property subject to conservation easement is	located ►							
5	Does the organization have a written policy regarding the periodic mor								
-	enforcement of the conservation easements it holds?	G		Yes	☐ No				
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	ng easements during the year	_ =						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing			·- —					
8	Does each conservation easement reported on line 2(d) above satisfy			_					
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes	☐ No				
9	In Part XIV, describe how the organization reports conservation easem	nents in its revenue and expense statement,	and						
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that des	cribes						
	the organization's accounting for conservation easements								
P	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" t		imilar 🖟	Assets.					
1a	If the organization elected, as permitted under SFAS 116, not to report		t works of	f					
	art, historical treasures, or other similar assets held for public exhibition								
	provide, in Part XIV, the text of the footnote to its financial statements t								
b	If the organization elected, as permitted under SFAS 116, to report in a	ts revenue statement and balance sheet wo	rks of art	,					
	historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service,						
	provide the following amounts relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1		•	· \$					
	(ii) Assets included in Form 990, Part X		•	· \$					
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, provi	de the						
	following amounts required to be reported under SFAS 116 relating to	these items:							
а	Revenues included in Form 990, Part VIII, line 1		•	· \$					
b	Assets included in Form 990, Part X		•	· \$					

		y surgery Fou			0307698			Page 2
	art III Organizations Maintaining					ets (contir	ued)
3	Using the organization's accession and othe items (check all that apply):	r records, check any of the	following that are a s	significant use of	its collection			
а	Public exhibition	d Loan	or exchange prograr	ns				
b	Scholarly research	e Other						
C	Preservation for future generations					_		
4	Provide a description of the organization's α Part XIV.	ollections and explain how t	hey further the organ	nization's exempt	purpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of art, h	nistorical treasures, o	or other similar		Yes	Г	No
Pi	art IV Trust, Escrow and Custoo				ered "Yes" to			J NO
	Part IV, line 9, or reported				cica ica to	i Oilii 330,		
1a	Is the organization an agent, trustee, custodi							
	included on Form 990, Part X?	and of outer intermediary for	Contributions of our	CI 455615 1101		Yes	Г	٦
h	If "Yes," explain the arrangement in Part XIV	and complete the following	table	• •		∐ Yes	_	No
	in 165, explain the arrangement in 1 art XIV	and winplete the following	labie			Amou		
_	Regioning halance					Amou	nι	
ن	Beginning balance		•		1c			
a	Additions during the year	••			1d			
8	Distributions during the year		•		1e			
1	Ending balance				<u> 1f </u>			-
	Did the organization include an amount on F	orm 990, Part X, line 21?		••		Yes	L	No
	If "Yes," explain the arrangement in Part XIV				_			
P	art V Endowment Funds. Comp).		
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years	back (e) Fo	ur yea	rs back
1a	Beginning of year balance							
b	Contributions							
C	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		`			1		
f	Administrative expenses							
g	End of year balance						·····	
2	Provide the estimated percentage of the year	end balance held as:			<u></u>		••••••	
а	Board designated or quasi-endowment	%						
b	Permanent endowment%	~						
c	Term endowment ▶ %							
3a	Are there endowment funds not in the posses	suon of the organization the	at are hold and admi	nistared for the				
vu	organization by:	ssion of the organization the	at are neid and admi	instered for the			<u></u>	Τ
	(i) unrelated organizations					<u> </u>	Yes	s No
	(ii) related organizations					3a(i)	$\overline{}$	+
	- ·	total access to the O.L.				3a(ii	' 	-
4	If "Yes" to 3a(II), are the related organizations					_3b	<u> </u>	
De	Describe in Part XIV the intended uses of the int VI Investments—Land, Build			N D - 1 X 1	10			
Fø	Investments—Land, Build Description of investment							
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)	, ,	Depreciation	(d) Boo	k value	В
1a	Land							
b	Buildings							
С	Leasehold improvements				"			
d	Equipment		341	,714	210,158	1	31	, 556
	Other			<u> </u>				_=
	. Add lines 1a-1e (Column (d) should equal F	orm 000 Part V column (P	\\ \line 10(a) \		•		21	, 556

Schedule D (Form 990) 2008 Ambulatory Surgery Fo	undation	86-0307698	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of v	/aluation
(including name of security)		Cost or end-of-year	market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other _'			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
		·	
		·····	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			<u></u>
(a) Description			(b) Book value
Mmebership interest in	FASA 1012		2,530,556
A/R Due From Related Pa	rty		528,484
Security deposit			1,530
			
			
Fetal (Column (h) should equal Form 2000 Part V and (D) 1 (45)			2 262 552
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25	<u> </u>		3,060,570
(a) Description of liability		 	
Federal income taxes	(b) Amount		
Accrued vacation liability	107,787		
Due to related party FASA 1012	57,006		
Due to related party PADA 1012	37,000		
	 		
			
	 		
	 		
Total (Column (h) should equal Form 000 Dort V and (D) line 05	164 703		
o Bott XIV provide the text of the feet set of the second of the feet set of the second of the secon	164,793		
n Part XIV, provide the text of the footnote to the organization's financial state	ements that reports the organi	zation's liability for	
ncertain tax positions under FIN 48			

Sch <u>e</u>	edule D (Form 990) 2008 Ambulatory Surgery Foundation 86	<u>-0307698</u>	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,129,531
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,862,932
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	266,599
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	. 9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	266,599
	art XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return	
_ <u></u>	Total revenue, gains, and other support per audited financial statements	1	3,129,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • -	
-	Net unrealized gains on investments 2a		
h	Donated services and use of facilities 2b		
, ,	Recovenes of prior year grants 2c		
d			
u	Add lines 2a through 2d		
2	• • • • • • • • • • • • • • • • • • • •	2e 3	3,129,531
3	Subtract line 2e from line 1	· · · - 3	3,123,331
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
- -	Add lines 4a and 4b	4c	3,129,531
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		3,129,531
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	2,862,932
1	Total expenses and losses per audited financial statements	1	2,802,932
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities 2a		
b	· · ·		
C	Losses reported on Form 990, Part IX, line 25		
d			
e	Add lines 2a through 2d		0.060.000
3	Subtract line 2e from line 1	. 3	2,862,932
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
¢	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,862,932
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV	, lines 1b	
and 2	2b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		
_			
_			
_			
-			
_			
_			
_			
_			· —

Schedule D (Form 990	0) 200 <u>8</u>	A	mbr	<u>11a</u>	to	<u>-Y</u>	Su	irg	ery	E	ou	nda	1t1	.on				86	-03	07	<u> </u>	<u> </u>					<u> </u>	age 5
Schedule D (I	Sup	pleme	ental	Info	rma	ition) (co	กtinเ	(baı																				
																							-						
-			_				_	_			-	_	_	_	_				-		-	_	_	_	_	-			
			_			_	_	_			. —	_	_	_					-		. —		_	_	_				
•																													
			_			_	_	_				_	-	-	_			_	_		_	_	_	_	_	_			
			_			_	_	_				_	_	_	_			-	_		-	_	_	_	_	_			
					_	_		_					_	_	_			_			_			_		_	_ :		
			-			-	_				- —	_	_	_	_				_		- —	_	_	_		_			
			_			_	_	_				_		_	_				_		_	_	_	_		_			
			_			_	_	_			- –	_	_	_	_			_	_		-	_	_	_	_	_			
			_			_	_	_			- —	_	_	_	_			-	_		- —	_	_			_			
			_			_		_			_		_	_	_		_		_			_	_	_	_	_	_		
							_				_	_			_						_			_	_				
			_			_	_	-			- –	_	_	_	_				_			_	_	_		_	- ·		
			_			_	_					_	_	_	_				_			_	_	_		_			
			_			_	_	_					_	_	_			-	_		-	_	_	_	_	_		_ ·	
					- —	_	_	_				_	_	_				-	_		- —	_	_	_	_	_			
			_			_	_	_		_		_	_		_		_		_			_	_	_	_	_			
					_		_		_		_			_	_			_								_		_	
			_				_	_				_	_	_				-	_		- –	_	_		_	-	- ·		- -
			_			_	_	_				_	_	_				_	_			_	_	_	_	_			
			_		_	_		_				_	_	_				_	_		_	_	_	_	_	_			
	 -		-			_		_				_	_	_	-		- -	-	_				_	_		_			– –
						_	_	_			_		_	_			_		_					_		_			
-	_	_	-		_	-	-					_		_		_			•		_	_	-						_
			_			_	_	_			- -		_	_			- -	_	_		-	_	_	_	_	_			
			_			_	_	_			- —	_	_	_				_				_	_		_	_			
			_			_	_	_					_	_	-				_		-	_	_	-	_	_			
			_			_	_	_			- –	-	_	_					_			_	_	_	_	_			- -
	_	_			_			_	_							_	_				_			_		_	_	_	
			_		_		_	_			_	_	_	_	_			_	_		_	_	_	_	_				
			_			_	_	_				_	_	_					_		-	_	_	_	_	-	- ·	_	- -
			_			_	_	_				_	_	_	_				_			_	_	_	_	_			

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Open To Public Inspection

Employer Identification number

	Ambulatory Surger	CY F	<u>oun</u>	<u>aatıc</u>	<u> </u>		86-	<u> </u>	<u>) / 6:</u>	98			
Part I	Excess Benefit Transactions (section To be completed by organizations that answ							Part \	/ line	406			
	To be completed by organizations that answ	eleu l	53 011	1 01111 330	, raitiv, iiie a	238 01 230, 01	1 01111 990°EZ,	rait	v, 11116	400	(0) (
1	(a) Name of disqualified person					(b) Descriptio	n of transaction				Yes	orrect	
					-						Yes	+	10
												╁	
											——	+	
					 							+	
												+	
						-						+	
	ne amount of tax imposed on the organization meetion 4958	nanager	s or di	squalified	l persons durin	g the year	·	→ \$				l	_
	ne amount of tax, if any, on line 2, above, reimb	ursed by	y the c	organizatio	on			▶ \$	_				
Part II	Loans to and/or From Interested				<u> </u>				_				
V 20. x 10	To be completed by organizations that answ			Form 99	0, Part IV, line 2	26, or Form 99	0-EZ, Part V, I	line 38	Ва				
(a) Name of interested person and purpose	(b) L or fro	oan to om the zation?	(c) Onginal ipal amount	Т	ance due		default?	by bo	proved ard or nittee?	(g) W	/ntten ment?
		То	From					Yes	No	Yes	No	Yes	No
								<u> </u>					
		+	\vdash			 	·	\vdash	-	 	-		
		+							-				
		_				<u>_</u>	···						
		}								'			
Total					>	\$							
Part III	Grants or Assistance Benefitting					2-							
	To be completed by organizations that answ	erea Y	es on										
	(a) Name of interested person		_	(b) F	Relationship betwe	een interested perganization	rson and the	(c) Amou	assis		type	of
					 -			-					
	·							-					
				_									
								_			_		
Part IV	Business Transactions Involving To be completed by organizations that answ					 28a, 28b, or 28	3c					_	
	(a) Name of interested person	1		nship betwe		Amount of	(d) Descri	ption o	f trans	action			hanng
	, ,		ested p	person and	, , ,	ansaction	(3) 2000.					reve	org nues?
			orga	nızatıon								Yes	No
CAROLYN	LEATHER	SIS	TER			2,672	TRAVEL	AND	CON	SUL	TIN		Х
SHAWN BE	RYANT	SON				67,230	EMPLOYE	E					х
			_										L_
		1										<u> </u>	<u> </u>
		1			ī							1	ı

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Ambulatory Surgery Foundation

Employer Identification number 86-0307698

Form 990, Part I, Line 6

Volunteers spoke at a variety of meetings and webinars, participated in charity event at annual meeting, served on committees and provided advice on ASC issues.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Carolyn Leather, sister of a key employee provided on-site meeting services

Shawn Bryant, son of a key employee and non voting member of the board is employed by the Foundation.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents YES-SEE ATTACHED AMENDMENT TO BY-LAWS. THE NAME OF THE ASSOCIATION CHANGED DUE TO A MERGER AND THE BY-LAWS WERE AMENDED TO REQUIRE A SPECFIED PERCENTAGE OF THE BOARD TO BE PHYICIANS.

Form 990, Part VI, Line 5 - Material Diversion of Assets

Yes, a key member of the accounting staff had fraudulently forged checks in
the aggregate amount of \$251,344 during the year ended December 31, 2008.

The amount is expected to be recovered through general liability insurance
and from the bank which released the funds.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
YES, BY-LAWS ARE SUBJECT TO THE APPROVAL OF THE AMBULATORY SURGERY CENTER
ASSOCIATION, INC. BOARD OF DIRECTORS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Schedule O (Form 990) 2008

Name of the organization

Ambulatory Surgery Foundation

Employer identification number 86-0307698

YES, THE FOUNDATION BOARD OF DIRECTORS APPROVED THE SALARY AFTER RECEIVING INFORMATION ON OTHER SIMILARLY SITUATED ASSOCIATION EXECUTIVES, PERFORMANCE AND INFORMATION FROM A COMPENSATION COMMITTEE MADE UP OF TWO MEMBERS OF THIS BOARD AND TWO MEMBERS OF ANOTHER BOARD THAT SHARES EMPLOYEES.

PM	
6 54 P	
1/16/2009	
AMBU7698 1	
Q.	

(Form 990)		nizations and U	Related Organizations and Unrelated Partnerships	rships	•	2008
Department of the Treasury Internal Revenue Service	► Attach to Form 990. To be completed by o	organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.	rered "Yes" to Form 990 tructions.), Part IV, line 33, 34, 35	i, 36, or 37.	Open to Public Inspection
}	Ambulatory Surgery Foundation				Employer identific 86-0307698	Employer identification number 86-0307698
Part I Identifica	Identification of Disregarded Entities					;
Nam	(A) Name, address, and ElN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
·						
Part II Identifica	Identification of Related Tax-Exempt Organizations					
Name	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
Ambulatory Surgery 1012 Cameron Street Alexandria	ry Center Associati seet VA 22314		VA	501c 6		
A Privacy Act and Panany	For Deivery Art and Denouver's Deduction Art Notice see the Instructions for Form 900	066			Sche	Schodule R (Form 990) 2008

AMBU7698 11/16/2009 6 54 PM

Page 2

86-0307698

Schedule R (Form 990) 2008 Ambulatory Surgery Foundation

Part III

(J)
General or managing partner? Yes No Schedule R (Form 990) 2008 Percentage ownership (I)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) end-of-year assets Share of <u>©</u> (H)
Disproportionate
alloc ? Yes (G) Share of end-of-year Share of total income (F) Share of total income Type of entity (C corp, S corp, or trust) Œ (E)
Predominant
income (related,
investment,
unrelated) Direct controlling <u>e</u> Identification of Related Organizations Taxable as a Corporation or Trust (D)
Direct controlling entity Identification of Related Organizations Taxable as a Partnership Legal domicile foreign country) (state or (C)
Legal
domicile
(state or
foreign Primary activity (B) Primary activity <u>@</u> Name, address, and EIN of related organization (A)
Name, address, and EIN of related organization Part IV DAA

Page 3

86-0307698

Schedule R (Form 990) 2008 Ambulatory Surgery Foundation

Schedule R (Form 990) 2008 Yes Amount involved ᆵ 2 19 9 4 19 4 ပ္ 9 무 <u>ნ</u> # 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (B) Transaction type (a-r) 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? k Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Name of other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity j Lease of facilities, equipment, or other assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) Transactions With Related Organizations m Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV q Other transfer of cash or property to other organization(s) **b** Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses d Loans or loan guarantees to or for other organization(s) Reimbursement paid to other organization for expenses e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees h Exchange of assets Part V 0 <u>4</u> 9 Ξ 3 ල 3

Page 4

Schedule R (Form 990) 2008 Ambulatory Surgery Foundation

86-0307698

Unrelated Organizations Taxable as a Partnership Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

]	۔ ا		I	1	1	1	l	1	I	1	ı	ı	∞
(H) General or managing partner?	ž								ļ	_			0) 700
Gen mar par	Yes												rm 99(
(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)													Schedule R (Form 990) 2008
(F) Disproportionate allocations?	٥												
	Yes												
(E) Share of end-of-year assets													
rtners n (3) Jons?	٥ N				i								
(D) Are all partners section 501(c)(3) organizations?	Yes												
(C) Legal domicile (state or foreign country)	1												
(B) Pnmary activity		9											
(A) Name, address, and EiN of entity													

<u>(7)</u> (8) (9) (10)

Totals

$_{Forms}$. Other Notes a 990 / $990 ext{-PF}$			d Loans Receiva	1	2008			
	For calendar year 2008, o	r tax year beginnin	9,					
ame					Employer Iden	ntification Number		
Ambulatory Su	rgery Foundation	on	- 	86-0307698				
Form 990, Par	t X, Line 7 - 2	Additional	L Information					
	Name of borrower			Relationship to disc	ruplified person			
LOC receival	ble from relate	ed party		Relationship to disc	<u> uaimeu person</u>			
Due from BA	SC							
Other recei	vabl <u>es</u> _							
								
				-				
								
								
)		·· -	 		·			
······								
Original amount borrowed	Date of loan	Maturity date	Re	payment terms	- -	Interest rate		
						<u> </u>		
						<u> </u>		
				_ 		 		
						 		
	- 		- 		- 	+		
				.				
)				· <u>.</u>		<u> </u>		
Secu	unty provided by borrower			Purpose of	loan	_		
								
				·				
	<u> </u>							
								
				·				
)								
Considerat	uon furnished by lender		Balance due at beginning of year	Balance due at end of year		market value (990-PF only)		
Considerat	aon ramininou by lender		90,000	45,0		Topo-i i oilly)		
			12,548	10,0				
				98,3				
			l					

102,548

153,405

AZ CORPORATION COMMISSION FILED

FEB 2 9 2008 FILE NO. 0098 907-1

NON-PROFIT CORPORATION ARTICLES OF AMENDMENT Pursuant to A.R.S. §10-11006

1.	The r	ame of	the corporation is:			
	For	ımdatio	n for Ambulatory Surgery in America			
2.	Attac	hed her	eto as Exhibit A is the text of each amendment adopted.			
3.	The a	mendm	ent was adopted the 4th day of October, 2007.			
4.	The a	mendm	ent was duly adopted by the act of (choose one):			
		<u> </u>	the members			
		X	the board of directors (without member action and either member action was not required or members are not entitled to vote).			
5.	□	and with approval, in writing, by the person or persons so specified in the corporation's Articles of Incorporation of bylaws.				
		Dated Signat	as of this day of January, 2008; ure: (Pursuant to ARS §10-3120(F)(G)) the Articles of Amendment must be executed by an officer of the corporation or the Chairman of the Board of Directors.)			
		Title:_	Treasure Secretary			
		Printe	d Name: DEBRA L. STRICHCOMB			

EXHIBIT A

1. Article I of the Articles of Incorporation shall be amended to state:

"The name of the corporation is the Ambulatory Surgery Foundation." .



STATE OF ARIZONA CORPORATION COMMISSION

I hereby certify this to be a true and complete copy of the document field in this office and admitted to record in File No. -0098907-1

Executive Oirector

Dated: 9/22/2008

By:

Form 8868

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

● If yo	ou are f	ling for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X			
• If yo	ou are f	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	1).				
Do not	comple	te Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo		·			
Part	13.	Automatic 3-Month Extension of Time. Only submit original (no copies needed)					
A corpo Part I or		equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete		▶□			
		ations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an externe tax returns	ension of				
Flectro	nic Fili	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of t	ime to file	a			
		rns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8					
		(1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870					
		mposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Page 1)		form			
8868. F	or more	details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties & Nonpro	ofits.				
Type or		Name of Exempt Organization	Employ	er identification number			
print File by th	ام	Ambulatory Surgery Foundation	86-0	307698			
due date for Number, street, and room or suite no. If a P.O box, see instructions.							
filing your return See 1012 Cameron Street							
instructio		City, town or post office, state, and ZIP code For a foreign address, see instructions. Alexandria VA 22314					
Check t	type of	return to be filed (file a separate application for each return):					
	orm 99			Form 4720			
☐ F	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227						
F	Form 990-EZ Form 990-T (trust other than above) Form 6069						
F	Form 990-PF Form 1041-A Form 8870						
Tele If the If the for the valist with units the second se	ephone le orgar lis is for whole g th the n request ntil 13	No ▶ 703-836-8808 FAX No. ▶ ization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) roup, check this box ▶ ☐ If it is for part of the group, check this box ames and EINs of all members the extension will cover. an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 1./16/09 , to file the exempt organization return for the organization named above. The extension is ganization's return for calendar year 2008 or		▶ []			
•	_	ax year beginning , and ending					
	ـــا	,					
2 If	this tax	year is for less than 12 months, check reason: Initial return Final return Change in	n accoun	ting period			
3a If	this ap	olication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
<u>le</u>	ss any	nonrefundable credits. See instructions.	3a	\$			
		plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax					
_		s made Include any prior year overpayment allowed as a credit.	3b	\$			
		Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,					
	•	nth FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment					
		See instructions	3c	\$			
	-	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 tructions.	-EU				
		t and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)			

Form 8868 (R	छे . 4- <u>2009)</u>	····	Page 2			
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		▶ 🗷			
Note. Only co	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8	3868.				
If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	s needed).			
Type or	Name of Exempt Organization	Employe	er identification number			
print File by the	Ambulatory Surgery Foundation	86-0	307698			
extended due date for filing the	date for the 1012 Cameron Street					
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Alexandria VA 22314					
Form 99 Form 9	Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 5227 Complete Part II if you were not already granted an automatic 3-month extension on a previously filed are in the care of FORM 990-T (trust other than above) FORM 990-T (trust other than above) FORM 5227 FORM 990-T (trust other than above) FORM 5227		• 🗆			
6 If this to 7 State in Add:	x year is for less than 12 months, check reason Initial return Final return Change in detail why you need the extension .tional time is requested to gather information to praccurate return.		•			
	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
	nonrefundable credits. See instructions	8a	\$			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	ed tax payments made Include any prior year overpayment allowed as a credit and any	-				
	paid previously with Form 8868.	8b	\$			
	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit					
with FT	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$			
	Signature and Verification					
Under penalties it is true, correct	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my k and complete, and that I am authorized to prepare this form	nowledge				
Signature >			Date > 11/16/09			

Form **8868** (Rev 4-2009)